

Expense Reimbursement Form



To be completed by Meeting Participant in BLOCK capitals or electronically. If completed electronically, the form must be printed and a hardcopy signed. For further guidance how to fill in this form, please refer to the Thank you letter email.

Country of Residence
(please select before printing)

France

Date & Location
of MeetingGZBO Investigator Meeting EMEA 13-
18 October 2024, Amsterdam

Participant Name

SIADOUA MARCELLE

Participant Address

CENTRE HOSPITALIER SUD FRANCIEN 40 AVENUE SERGE DASSAULT 91100 CORBEIL ESSONNES

Local Transportation:

0,5 EUR/km, max amount of 300 EUR, NO GASOLINE

TAXI

EUR 160,000

EUR

EUR

EUR =

Meals are not eligible for reimbursement

EUR

Total amount: EUR 160

BANK Details for payment

Bank name

SOCIETE GENERALE

Account Holder

SIADOUA MARCELLE

IBAN/Account details

FR7630003037230005071117684

BIC/SWIFT

SOGEFRPP

TAX ID- RPPS number or Siret/Siren

N/A

If none, please state N/A

Lilly is unable to reimburse any personal expenses, such as mobile charges, minibar, or entertainment.

Please ensure that all reasonable expenses, except for mileage claims, are accompanied by ORIGINAL RECEIPTS. It is acceptable to scan and email receipts.

PLEASE RETURN this form with your scanned receipts to the email address provided below. Your expenses will only be paid if this claim is satisfactorily completed, signed, and returned within 90 days of the meeting date.

lilly_france_cms@lilly.com

Privacy Notice and Consent

I confirm to the best of my knowledge and belief, all the information provided above is true and correct.

I hereby give my consent for the use of my personal information, which includes my Basic Personal Details (Name, Address); Financial Information (Bank Account Information); Personal Contact Information (Email Address); and Travel & Expense Details (expense details), for the administration of our business processes, namely the Reimbursement of Expenses, in accordance with the conditions provided in the Privacy Statement below. Your PI may be transferred and processed by and between Eli Lilly and Company, its affiliates and wholly-owned subsidiaries and Third parties world wide.

For more information about Lilly's privacy practices, please refer to the Privacy Statement at

[Privacy notice](#)

France

I acknowledge that I have received and had the opportunity to review the full privacy policy concerning how my personal information will be used by Lilly, what my rights are with respect to such processing, and have received information on how to contact Lilly should I have any questions regarding such processing. I understand that I have the right to withdraw my consent at any time by contacting Lilly using the information provided in the Privacy Statement. Withdrawal of consent does not affect the lawfulness of processing based on consent before its withdrawal.

Name (printed)

MARCELLE SIADOUA

Signature



Date

23/10/2024

Lilly Administrative Information - FOR OFFICE USE ONLY

Prism ID:

P02151877200

Cost Element

4870

Cost Centre

2000196

Mercury Meeting ID:

M-M252074NL24

**RELEVÉ D'IDENTITÉ BANCAIRE**

Titulaire
du Compte:

**MLE MARCELLE SIADOUA
8 VILLA EDOUARD VAILLANT
EVRY
91000 EVRY COURCOURONNES**

Domiciliation

EVRY

(00683)

Identification nationale (RIB)

30003

03723

00050711176

84

Code Banque

Code Guichet

Numéro de Compte

Clé RIB

Identification internationale (IBAN)

IBAN FR76 3000 3037 2300 0507 1117 684

Identifiant international de la Banque (BIC)

SOGEFRPP

EUR 230524 G24144N08 04443

*r prélèvement automatique,
tité Bancaire ci-dessus.*

TAXI VELLIN

25 Résidence des Provençères

91820 Boutigny sur Essonne

Siret

Nr de TVA intracom

Unité de Recherche Clinique CHSF

40 avenue Serge Dassaut

91106 CORBEIL ESSONNE

Mode de règlement : CB

Date de facture : 19/10/2024

FACTURE N° FDC0000082

Désignation	PU	Qté	Brut HT	TTC	TVA
Pour Mme Marcelle SIADOUA	145,45 €	1	145,45 €	160,00 €	2
Transport du 17/10/2024 Départ 07:00 CHSF pour 08:30 Roissy CDG					
Transport du 18/10/2024 Départ 21:50 Roissy CDG pour 23:00 CHSF					
Taxi VELLIN Commune de Corbeil Transport Conventionnés ☎ 01 77 89 27 58 - 01 12 86 43 83 25 Résidence des Provençères 91820 Boutigny sur Essonne Siret: 043 145 729 00012 - APE 4932Z N° Agrément: 910360573					

Total Brut	145,45 €
Total TVA (10%)	14,55 €
Total TTC	160,00 €